



(Rev 12/11)

*Orientation & Fingerprint information should not be attached to this application.*

## **LEGALLY CERTIFIED PROVIDER (LCP) APPLICATION**

### **What is a Legally Certified Provider?**

A Legally Certified Provider (LCP), regardless of location of care, is a provider certification category that is used for state payment purposes only. LCP providers are generally matched to families on a one-to-one basis. When the LCP provides care in the child's home, the parent is considered the employer of the LCP, not the state. For additional information please see the enclosed 2 page flier entitled "What is a Legally Certified Provider (LCP)."

### **What criteria must I meet to be approved as an LCP?**

Applicants for status as a Legally Certified Providers [LCP], regardless of location of care, must meet all of the following conditions:

- The provider must be age 18 or older.
- The provider must be mentally and physically capable of providing child care that meets safety, health, and other basic child care requirements and standards, which may require a statement of health completed by a physician, psychologist, or psychiatrist
- The provider must not have a substantiated report with Child/Adult Protective Services involving harm, physical abuse, or sexual abuse to children or adults
- The provider must not have a criminal conviction involving harm, physical abuse, or sexual abuse to children or adults.
- The provider must not be included in the parent's Temporary Assistance for Needy Families [TANF] cash assistance payment.
- The provider must list an eligible family for whom the provider will provide care in their application.
- The provider must not provide care while home schooling.
- The provider must provide care in a home setting; either their home or the home of the parent.

### **Do I have to take orientation training?**

Legally Certified Providers are required to take orientation training within **60 days** of certification approval. However, orientation can be taken prior to certification approval. Please, contact your local Child Care Resource and Referral Agency for upcoming orientation dates.

### **How do I apply?**

To apply please complete the appropriate application materials as listed on the following page and submit them to the Centralized Services Provider.

### **How long will it take?**

The LCP application process may take in excess of 30 days from the date all application materials are received, especially if out-of-state background checks are needed. To help avoid possible delays or lapses in service, submit all the required documentation with your application.

## What is the payment process?

After a family is determined eligible to receive assistance and the provider is approved to provide care, Invoices are mailed, to the provider, during the month in which care is provided. Invoices shall be submitted to the local Child Care Resource and Referral (CCR&R) agency immediately following the month in which care is provided. Invoices are processed on the fifth business day of the month and on subsequent Tuesdays. Payments generally arrive in 2 to 3 business days after processing. **Payments, when care is provided in the parent's home**, are sent to the Parent, who is to pay the Provider. Please see "Child Care Provider Rights and Responsibilities" for more information. **The in-home LCP must indicate Head of Household on the W-9 form.**

Current payment rates can be found at <http://www.dphhs.mt.gov/hcsd/childcare/>.

## What will my effective date for payment be?

Both the parent and the Legally Certified Provider [LCP] must be determined eligible to participate in the Best Beginnings Scholarship program. The effective date for a Legally Certified Provider will be the date your completed application is received at the Centralized Services Provider office or the date the parent is determined eligible for a Best Beginnings Child Care Scholarship, *whichever is later*.

## Application and Supporting Documentation Checklist and Instructions

✓ Check to be sure you have submitted the following documents.

<input type="checkbox"/>	<b>LEGALLY CERTIFIED PROVIDER /LEGALLY CERTIFIED IN-HOME PROVIDER APPLICATION</b> - <i>must be completed in full, signed, dated, and notarized</i>
<input type="checkbox"/>	<b>W-9 TAX ID FORM</b> ( <i>See instructions on the back of the W-9 form</i> ) - A missing or incomplete W-9 will cause a delay in payments - A new W-9 needs to be completed if your address changes. - <b>LCP:</b> The top portion of the W-9 needs to be completed, including your name, address and mark individual/sole proprietor. Include your SSN and signature - When care is given in the parent's home, the parent must fill out the W-9 and indicated Head of Household, as the payment goes to the parent, and it is the responsibility of the parent to pay the LCP.
<input type="checkbox"/>	<b>LCP RELEASE OF INFORMATION FORM</b> ( <i>must be completed in full, signed, dated, and notarized</i> ) - To be completed by the provider and each person over 18 living in the home
<input type="checkbox"/>	<b>RELEASE OF INFORMATION FOR FINGERPRINTS</b> ( <i>must be completed in full, signed, dated, and notarized</i> ) - To be completed when an individual has lived outside the State of Montana - Background checks for those who have lived outside of the United States are the applicant's responsibility and documentation concerning citizenship, a Green card or Visa, must also be supplied • <u>Western Identification Network (WIN) Check</u> - \$10 fee, for those who have lived in any of the following states: Alaska, Idaho, Montana, Nevada, Oregon, Utah, Washington, and Wyoming • <u>FBI Fingerprint Check</u> - \$29.25 fee; for those who have lived outside any of the WIN states - <b>LCP:</b> To be completed by the provider each person over 18 living in the home - <b>Agencies that provide fingerprinting services may charge over and above the fee to cover their own processing fees. Applicants explore which agency offers the best cost options.</b>
<input type="checkbox"/>	<b>STATEMENT OF HEALTH</b> ( <i>must be completed in full, signed and dated</i> ) - <b>LCP:</b> To be completed by the provider each person over 18 living in the home
<input type="checkbox"/>	<b>PROVIDER RIGHTS AND RESPONSIBILITIES</b>
<input type="checkbox"/>	<b>FAMILY ASSOCIATION FORM / HEALTH AND SAFETY CHECKLIST</b> - This form indicates the family that the LCP will be providing care for. - Both the parent and provider must sign this form indicating that basic health and safety considerations have been addressed.
<input type="checkbox"/>	<b>MEDICATION ADMINISTRATION ATTESTATION</b> - Both the parent and provider must complete the <i>Medication Administration Attestation</i>

## MONTANA LEGALLY CERTIFIED PROVIDER APPLICATION

CCR&R LCP STAFF ONLY	
PROVIDER ID	
PROVIDER NAME	
CERTIFICATION	
BEGIN DATE	END DATE
CCR&R DATE STAMP	
LCP WORKER NAME	

*Orientation & Fingerprint information should not be attached to this application.*

### 1. I AM APPLYING TO BE AN LCP

<input type="checkbox"/> Care will be provided in my home		
<input type="checkbox"/> Care will be provided in the child's home		
Have you ever been a Certified or Registered Child Care Provider in Montana or in any other state?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of provider have you been?		
<input type="checkbox"/> Legally Certified Provider <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Group Child Care Provider <input type="checkbox"/> Other		
If yes, when?	Where? (MT City)	(MT County)

### 2. APPLICANT

This is the person who is requesting to be the Legally Certified Provider and assumes responsibility for following the program rules and requirements, including penalties and repayment of any overpaid benefits.				
PROVIDER NAME				
LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS (physical)				
CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION
MAILING ADDRESS (if different)				
CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION
HOME PHONE		WORK PHONE		OTHER PHONE

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_

### 3. FAMILY MEMBERS

For Legally Certified Providers, regardless of where the care is provided (in the providers home or in the child's home)

- The provider and every adult (18 years and older) in the home must be listed below

ALL individuals listed below must complete the following forms

- Release of Information
  - *Legally Certified Provider Release of Information Criminal/Protective Service Background Checks* form must be signed by the applicant and any adult outside the child's immediate family. This form is used to obtain information from the Montana Department of Justice and Montana Child Protective Services and Adult Protective Services and, if applicable Tribal Law enforcements and Child Protective Services.
- Release of Information for Fingerprints
  - This form is needed regardless of where the individual listed has lived
- Statement of Health
  - Applicants must meet certain personal health requirements. As the agency responsible for child care certification, the Department of Public Health and Human Services (DPHHS) must ensure that the health of all providers and family members is adequate to meet the demands of the care being provided.

FAMILY MEMBERS (First, Middle Last )	DATE OF BIRTH	RELATIONSHIP TO APPLICANT (you)

### 4. ORIENTATION

An orientation for Legally Certified Providers is required within **60 days** of certification approval. Please contact your local Child Care Resource and Referral Agency for upcoming orientation dates.

Have you taken Legally Certified Provider Orientation (LCP)

- Yes , I took LCP Orientation on \_\_\_\_\_
- No, However, I am scheduled to take LCP Orientation on \_\_\_\_\_
- No, I have not taken LCP Orientation, and I have not scheduled a time to take it.

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_

## 5. CHILD ABUSE AND NEGLECT

Have you ever had a child removed from your home?  Yes  No

Have you or anyone living in your home been investigated for possible abuse or neglect by the Department, a child welfare agency in another state, or law enforcement?  Yes  No

If "Yes,"

What is the child's name? \_\_\_\_\_

What is your relationship with the child? \_\_\_\_\_

Where and when did this happen? (please give dates)

\_\_\_\_\_

## 6. CRIMINAL CHARGES / CONVICTIONS

Applicants and providers must meet certain requirements such as being free of criminal charges and convictions. As the agency responsible for child care certification, the Department of Public Health and Human Services (DPHHS) must ensure the safety of children in a child care setting. In complying with this each provider and adult persons residing in the home must complete a **"Release of Information Form,"** to be notarized and submitted with this application, along with the applicant completing the following questions. These questions apply to all persons residing in the home.

Have you or any person residing in the home lived in another state?  Yes  No

If "Yes," Please list the states you have lived in, and the dates:

Have you or any person living in your home been convicted of, plead guilty to, or currently charged with a crime classified as an offense against any person or family?  Yes  No

If "Yes," give details, including name of person, date, place and nature of the conviction and disposition:

Have you or any person living in the home ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)?  Yes  No

If "Yes," Please explain.

Have you or any person living in the home been convicted of a crime Involving, child or elder abuse or neglect, including sexual abuse, physical assault, or other act of violence?  Yes  No

If "Yes," Please explain.

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_

## 7. HEALTH

Applicants and providers must meet certain personal health requirements. As the agency responsible for child care certification, the Department of Public Health and Human Services (DPHHS) must ensure that the health of all providers and family members is adequate to meet the demands of the care being provided. In complying with this each provider and adult persons residing in the home must complete a “**Statement of Health Form,**” to be submitted with this application.

## 8. ADDITIONAL COMMENTS

## 9. CERTIFICATIONS

### Legally Certified Providers –Care in provider’s home

\_\_\_\_\_ I certify that I reside and will be providing care in my home and I agree that I am an independent contractor

\_\_\_\_\_ I certify that I will only provide care to the children of one family or that I will only provide care to two children from separate families

\_\_\_\_\_ I certify that I will be providing care less than 24 hours within the day

\_\_\_\_\_ I certify that I will review and discuss with the parents the immunization record of the children in my care; or, review and discuss the waiver indicating parental choice not to immunize.

\_\_\_\_\_ I certify that I will examine the home for fire and safety conditions, for the presence of working smoke detector, for placement of a family fire escape plan and discuss the conditions with the parents;

\_\_\_\_\_ I certify that I will inform parent(s) that state will **NOT** make payments until this provider application is approved.

\_\_\_\_\_ I certify that I will review the health and safety checklist for LCP provider’s with the parent.

\_\_\_\_\_ I confirm that neither I nor anyone, present in the home, have been, investigated for any alleged harm, or physical or sexual abuse to children or adults. If this statement is false, I am providing the information required below about where the investigation occurred:

\_\_\_\_\_ City

\_\_\_\_\_ County

\_\_\_\_\_ State

\_\_\_\_\_ Date

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_

**9. CERTIFICATIONS (continued)**

**Legally Certified Providers –Care in child’s home**

\_\_\_\_\_ I certify that I will be providing care in the child’s home

\_\_\_\_\_ I certify that I will only provide care to the children of one family

\_\_\_\_\_ I certify that I will be providing care less than 24 hours within the day

\_\_\_\_\_ I confirm that neither I nor anyone, present in the home, have been, investigated for any alleged harm, or physical or sexual abuse to children or adults. If this statement is false, I am providing the information required below about where the investigation occurred:

\_\_\_\_\_ *City*

\_\_\_\_\_ *County*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Date*

I attest and affirm that the above statements are true and correct to the best of my knowledge and belief. I authorize a DPHHS child and adult protective services background check and a criminal records background check. I also agree to attend mandatory orientation training within 60 calendar days of the date that I am approved to provide child care services.

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY A NOTARY PUBLIC:**

Taken, sworn, and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
PRINT Notary Public for the State of Montana

\_\_\_\_\_  
Signature Notary Public for the State of Montana

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_  
(month/day/4 digit year)

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_